

System Priority: Sufficient, Competent Workforce
Objective 1: Competency

Long-term (2010) Subcommittee Outcome Objective: By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.

Focus Area One: Competent Public Health Workforce

Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>In-kind support - individual and organization time</p> <p>System and format, preferably through the Health Alert Network, to monitor continuing education needs</p> <p>Linkages to the Division of Public Health Bioterrorism Grant</p> <p>Fiscal support to support the development and maintenance of education programs and activities for the continuing practice of the public health workforce.</p> <p>Secretary, Department of Health and Family Services</p>	<p>Incorporate organizational core competencies for public health professionals within essential public health services framework as outlined by the Council on Linkages Between Academia & Public Health Practice (April 2001).</p> <p>Partner with key institutions of higher education and the scientific community to promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.</p> <p>Inventory current institutions of higher education and technical colleges whose policy requires faculty practice experiences within public health agencies/organizations.</p> <p>Disseminate and promote institutional faculty practice experience through joint appointments in state and local health departments.</p> <p>Review the Memorandum of Understanding used by the USDHHS <i>Healthy People 2010</i> leadership as a</p>	<p>Inputs and participants/reach for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.</p> <p>[Note: Refer to "Inputs."]</p>	<p>By 2003, core competencies for the governmental public health workforce will be identified by specific discipline.</p> <p>By 2003, one institution of higher education in each of the Division of Public Health Regions will be engaged to promote faculty practice experiences within public health agencies and organizations.</p> <p>By 2004, one local health department in each of the Division of Public Health Regions will be engaged to champion the development of position descriptions and performance appraisals that reflect competencies in essential public health services.</p> <p>By 2004, three state job classifications in the Division of Public Health will have position descriptions and</p>	<p>By 2005, public health competencies by specific disciplines for the non-governmental public health workforce will be identified and published.</p>	<p>By 2008, 50% of positions in state and local health departments will have position descriptions that reflect specific competencies in essential public health services.</p> <p>By 2008, Wisconsin's public health statutes and administrative rules will be reviewed and updated to reflect core competencies, qualifications, and scope of practice for the public health workforce.</p>

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Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Administrator/ State Health Officer and staff of the Division of Public Health</p> <p>State, local, and tribal government.</p> <p>WI Association of Local Health Departments and Boards</p> <p>WI Area Health Education Centers</p> <p>WI Environmental Health Association</p> <p>Professional organizations and members</p> <p>Institutions of Higher Education, Technical Colleges</p> <p>WI Primary Health Care Association</p> <p>WI Health and Hospital Association</p>	<p>possible model to clarify role, responsibility, and lead accountability of these partners.</p> <p>Inventory and disseminate examples of local/state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services.</p> <p>Develop model position descriptions and performance appraisals for state and local governmental public health. The Division of Public Health to provide technical assistance in the development of these tools and approaches.</p> <p>Conduct an informal evaluation of these position descriptions in order to determine improvements in conceptualization of role and change in current and future practice.</p> <p>Inventory and disseminate examples of state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services.</p> <p>Work with the Department of Employee Relations to determine policy barriers and enhancements to this approach.</p> <p>Incorporate organizational core competencies for public health professionals within essential public</p>		<p>performance appraisals that reflect competencies in essential public health services.</p>		

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Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>State and local policy makers and legislators</p> <p>Business community</p> <p>Great Lakes Inter-Tribal Council and Health Directors</p> <p>Professional organizations and their members</p> <p>Public health workforce</p>	<p>health services framework as outlined by the Council on Linkages Between Academia & Public Health Practice (April 2001).</p> <p>Partner with key institutions of higher education and the scientific community to promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.</p> <p>Identify and enlist the support of three non-governmental public health system partners to review and pilot test these competencies in their sector.</p> <p>Inventory and disseminate examples of local/state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services. The Division of Public Health will provide technical assistance in the development of position descriptions and performance appraisal tools.</p> <p>Apply knowledge gained from work with the Department of Employee Relations to determine policy barriers and enhancements to this approach.</p> <p>Identify additional job classifications within the public health workforce that need to be reflected in statute and administrative rule (e.g., public health educator, public health nutritionist, epidemiologist).</p>				

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Focus Area One: Competent Public Health Workforce

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>Work with the Public Health Statutes Modernization Wisconsin Collaborative to engage the necessary disciplines to study the need for updating public health statutes and administrative rules. Draft proposed statutory and rule language. Incorporate professional standards in the development of statutory and rule language.</p> <p>Establish linkages with Association of State and Territorial Health Officials, National Association of City and County Health Officials, and the Public Health Foundation to monitor and provide input into national efforts on accreditation.</p>				

Focus Area Two: Information and Education Network

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>In-kind support - individual and organization time</p> <p>System and format, preferably through the Health Alert Network, to monitor continuing education needs.</p>	<p>Review recommendations set forth in the Division of Public Health's 1996 <i>Public Health Nursing Strategic Plan</i> as a starting point to determine form, function, and scope of this Forum.</p> <p>Identify with the WI Area Health Education Centers which partner is in the best position to provide leadership to develop and sustain this Forum.</p> <p>Determine representation on the Forum and its scope of responsibilities.</p>	<p>Inputs and participants/reach for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are inter-related and developmental</p>	<p>By 2003, an Education and Practice Forum will be established to provide leadership and guidance for the current and future public health workforce to assure competency in the public health system workforce.</p>	<p>By 2005, Wisconsin will have a computer-based multidisciplinary public health orientation program for public health workers.</p> <p>By 2005, Wisconsin will offer a continuing education course</p>	<p>By 2008, Wisconsin will have a system for identifying and monitoring the current and emerging continuing education needs of its public health system workforce.</p>

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Focus Area Two: Information and Education Network

Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Linkages to the Division of Public Health Bioterrorism Grant</p> <p>Fiscal support to support the development and maintenance of education programs and activities for the continuing practice of the public health workforce</p> <p>Secretary and staff of the Department of Health and Family Services</p> <p>Administrator/ State Health Officer and staff, Division of Public Health</p> <p>State, local, and tribal government</p> <p>WI Association of Local Health Departments and Boards (for the four public health discip-</p>	<p>Continue to offer 3 to 4 times per year public health orientation and training in various locations throughout the state in collaboration with the Division of Public Health's Regional Offices.</p> <p>Develop a system to track the percentage of new local and state governmental public health workers who participate in the Division of Public Health's two-day orientation training.</p> <p>The Division of Public Health will explore the expansion of the current local and state health department orientation program to new public health system audiences in the regions, to include: other governmental, public, private, non-profit and voluntary agencies and institutions.</p> <p>Inventory and catalog existing educational programs and activities that support the practice of the public health workforce.</p> <p>Post to the Health Alert Network.</p> <p>Develop through the Education and Practice Forum the creation of an inventory form for Institutions of Higher Education and Technical Colleges.</p> <p>Inventory current programs that educate and/or train individuals entering the public health workforce.</p> <p>Develop a mechanism for regular dialogue within each Division of Public Health Region between local health departments, their public health system partners and academic institutions that prepare</p>	<p>[Note: Refer to "Inputs."]</p>	<p>By 2004, all new local and state health department staff will participate in the Division of Public Health's orientation training.</p> <p>By 2004, Wisconsin will utilize the Health Alert Network to share a web-based catalog of education programs and activities that support continuing education of the public health system workforce.</p> <p>By 2004, 50% of the institutions of higher education and technical college programs that educate and/or train individuals entering the public health workforce will institute on-going curriculum review of core competencies in health promotion and disease prevention.</p>	<p>series that will address public health core competencies.</p> <p>By 2005, all education and training sponsored and/or provided by the Division of Public Health will be linked to competencies in essential public health services.</p> <p>By 2006, 60% of local health departments' continuing education budgets will be linked to the competencies of essential public health services for the services they provide.</p> <p>By 2006, Wisconsin will have a system for communicating research-based practice to the public health system workforce.</p> <p>By 2006, Wisconsin will have a management and</p>	

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Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>lines: health education, nursing, nutrition, medicine)</p> <p>WI Area Health Education Centers</p> <p>WI Environmental Health Association</p> <p>Professional organizations and members</p> <p>Institutions of Higher Education, Technical Colleges</p> <p>WI Primary Health Care Association</p> <p>WI Health and Hospital Association</p> <p>State and local policy makers/ legislators</p> <p>Business community</p> <p>Great Lake Inter-Tribal Council and Health Directors</p>	<p>public health staff.</p> <p>Building upon current orientation activities, determine curriculum content and resources for computer-based multi-disciplinary public health orientation program.</p> <p>Provide a general directory of public health resources by individual discipline.</p> <p>Ensure networking and mentoring opportunities for new public health workers.</p> <p>Assure the inclusion of new public health system audiences in the regions to include other governmental, public, private, non-profit and voluntary agencies and institutions.</p> <p>Will utilize the Health Alert Network or another comparable system.</p> <p>Establish minimum competencies and skill areas to be incorporated into the development of the course series.</p> <p>Provide degree credit options and continuing education units.</p> <p>Address known barriers to continuing education, such as travel, time commitment and cost.</p> <p>Explore the feasibility of a public health certification program.</p>			<p>leadership development program for the public health system workforce.</p> <p>By 2006, 25% of institutions of higher education and technical college programs that educate and/or train individuals entering the public health workforce whose basic curriculum for health care providers will includes core competencies in health promotion and disease prevention.</p> <p>By 2007, 90% of the public health workforce will have access to research based best practices via the Internet.</p>	

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Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Professional organizations and their members Public health work-force	Inventory existing educational programs and activities that support the practice of the public health workforce. Build upon current efforts with academic institutions. Utilize evolving technologies. WI Division of Public Health Bureau Directors and Regional Office Directors will be actively engaged in assuring that programmatic training and education are linked to the essential public health services. Educational offerings and training provided or supported through federal and state public health dollars, including consolidated contract policies, will be linked to competencies in essential public health services. Develop a training plan to be utilized in the development of all educational and training offerings that links learning objectives to core competencies. Make available educational and training offerings to all public health partners when feasible. Develop, pilot test, and implement a tool to assess how local health departments are currently utilizing their resources for education and training. Research other state models that link local governmental public health agencies continuing education budget to competencies of essential public services. Division of Public Health to provide technical assistance.				

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Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>Develop, pilot test, and implement a tool to assess how local health departments are currently utilizing their resources for education and training.</p> <p>Research other state models that link local governmental public health agencies continuing education budget to competencies of essential public services.</p> <p>Division of Public Health to provide technical assistance.</p> <p>Work closely with the national, regional, and state-based efforts in the expansion and/or establishment of management/leadership program.</p> <p>Encourage all continuing education programs and activities to provide continuing education units and degree credit options.</p> <p>Promote the program and conduct outreach strategies to assure broad-based participation by the public health system workforce.</p> <p>Research current state/national curriculums that incorporate core competencies in health promotion and disease prevention into their training.</p> <p>Hold forum(s) with academic partners to discuss core competencies in health promotion and disease prevention, purpose, benefits and implementation strategies.</p> <p>Promote multi-disciplinary curriculum designs and practice models.</p> <p>Encourage student educational placement opportunities in public health settings (primary care/local health departments,</p>				

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Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>community-based organizations).</p> <p>Encourage academic practice linkages for research, education and scholarships.</p> <p>Inventory public health partners for internet capabilities and competencies.</p> <p>Inventory best practice sites available through the Internet.</p> <p>Incorporate into the continuing education series skill building regarding accessing research-based practice information via the Health Alert Network.</p> <p>Utilize enumeration data on public health workforce.</p> <p>Promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.</p>				

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Long-term (2010) Subcommittee Outcome Objective:

By 2010, Wisconsin's public health system will assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-7	(Developmental) Increase the proportion of schools of medicine, schools of nursing and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local agencies have the infrastructure to provide essential public health services effectively.	23-8	(Developmental) Increase the proportion of Federal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.
		23-9	(Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.
		23-10	(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

Definitions	
Term	Definition
Wisconsin's Public Health System	Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Turnock, 2001, <i>Healthiest Wisconsin 2010</i> , January 2001). The public health system is comprised of many partners that include state and local health departments, tribes, government, the public, and private, nonprofit, and voluntary sectors. These partners include traditional sectors (physicians, institutions of higher education, technical colleges) and new non-traditional sectors (faith communities).
Public Health Workforce	All those providing essential public health services, regardless of the nature of the employing agency. (USDHHS, 1998)
Diversity	Intended to be inclusive and representative of the social demographic characteristics of a given community, which could include culture, race, ethnicity, education, income, age, gender. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)
Enumeration	Not only counting the numbers and types of employees, but also obtaining key characteristics of composition and workforce setting. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)
Core competencies	Actions which can be described in behavioral terms and observable in the performance of individual or system component capacity of public health agencies or public health workforce. Core competencies are required by the public health workforce to perform the essential services of public health (From the Public Health Foundation, adopted from CDC/ATSDR Strategic Plan for Workforce Development)
Champion	Individuals and /or organizations who have the ability to positively influence organizations, communities, and their peers to create needed system changes through the utilization of cutting-edge thinking and models, high visibility strategies and mentoring opportunities. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)

Rationale:

In recent years, much effort has been spent at the national level in defining core competencies for public health professionals. The Council on Linkages Between Academia and Public Health Practice (April 2001) has organized core competencies for public health professionals into eight skill domains within the essential public health services framework. The eight skill domains include: analytic assessment; policy development and program planning; communication; cultural competency; community dimensions of practice; basic public health sciences; financial planning and management; and leadership and systems thinking.

In Wisconsin, the majority of individuals who enter the public health workforce receive no formal training in public health. Individuals enter into the public health system with their discipline specific skills and acquire public health competencies through job-related training and advanced and continuing

education. A system for enabling lifelong learning opportunities is not only desirable but is necessary given the complexity of public health priorities.

As a result of national efforts in defining core competencies for the public health workforce, Wisconsin's educational system needs to realign its existing curriculum to address current and emerging challenges faced by the public health system workforce. This is necessary to assure that it is prepared to meet the health priorities outlined in *Healthiest Wisconsin 2010* and provide leadership to transform Wisconsin's public health system for the 21st Century. Future educational programs need to address both the preparation of those entering the field and the continued development of those already in the workforce. Finally, Wisconsin's educational system must prepare the public health workforce for specific competencies both in public health and by individual discipline. It is equally important to reach students in Wisconsin's high schools to introduce the concept of the rewarding aspects of a public health career. Wisconsin's Area Health Education Centers in collaboration with the Wisconsin Division of Public Health have demonstrated progress in introducing this initiative.

Possessing conceptual consistency among public health professionals is essential to assuring consistency of practice. This is in keeping with the values and beliefs of Wisconsin's public health system transformation. Systems-thinking (knowledge) and application (practice) needs to move beyond a programmatic/categorical focus to one that is system focused and competency-based in order to achieve a more balanced approach to prevention at the population level. Until recently, Wisconsin did not have a uniform and agreed-upon definition of what public health means and what public health does. At the risk of generalizing, lack of a definition has caused inconsistency of systems-thinking (knowledge) and application (practice) not only among state-level public health professionals but also among the broader public health system partners throughout Wisconsin. Public health in Wisconsin is now defined as: "a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Turnock, 2001) in several key areas: (1) prevent injury, illness and the spread of disease, (2) create a healthful environment and protect against environmental hazards, (3) promote and engage healthy behaviors and promote mental health, (4) respond to disasters and assist communities in recovery, and (5) promote accessible, high quality health services" (Public Health Functions Steering Committee, 1994, adapted).

While Wisconsin has a high caliber educational system at all levels, continuing education efforts that support the skills of the public health workforce are fragmented. Continuing education offerings often do not address the contemporary skills needed. Currently, there are inconsistencies in the educational opportunities for public health workers. Linkages between public health practice, academia and research need to be strengthened in order to address Wisconsin's health priorities. In creating a system that will assure a competent public health workforce, it is crucial to be able to articulate the makeup of Wisconsin's public health workforce. At a national level, the public health workforce has been defined as, "all those providing essential public health services, regardless of the nature of the employing agency" (U.S. Department of Health and Human Services, 1998). Therefore, efforts in assuring a competent public health workforce need to encompass a variety of sectors in Wisconsin, including state and local governmental agencies, public, private, non-profit, and voluntary agencies and organizations.

In order to achieve this 10-year, long-term outcome objective two focus areas have been identified. The first focus area delineates measures to assure that Wisconsin's public health workforce possesses the necessary knowledge and skills to address priorities outlined in *Healthiest Wisconsin 2001*. The

second focus area delineates needed efforts to enhance Wisconsin's current educational system (referred to here as institutions of higher education and technical colleges) both in the preparation of individuals entering the public health workforce as well as the continued development of the existing workforce.

Outcomes:

Focus Area One: Competent Public Health Workforce

Short-term Outcome Objectives (2002-2004)

By 2003, core competencies for the governmental public health workforce will be identified by specific discipline.

- Specific disciplines include medicine, nursing, health education, nutrition, and environmental health specialists.
- The eight skill domains used by the Public Health Foundation's Council on Linkages Between Academia and Public Health Practice will be an important resource.
- Workforce efforts should dovetail with initiatives related to the marketing of the essential public health services and future codification of such services into state law.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Incorporate organizational core competencies for public health professionals within essential public health services framework as outlined by the Council on Linkages Between Academia & Public Health Practice (April 2001).
- Partner with key institutions of higher education and the scientific community to promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.

By 2003, one institution of higher education, in each of the Division of Public Health's five regions, will be engaged to promote faculty practice experiences within public health agencies/organizations.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory current institutions of higher education and technical colleges whose policy requires faculty practice experiences within public health agencies/organizations.
- Disseminate and promote institutional faculty practice experience through joint appointments in state and local health departments.
- Review the Memorandum of Understanding used by the USDHHS *Healthy People 2010* leadership as a possible model to clarify role, responsibility, and lead accountability of these partners.

By 2004, one local health department, in each of the Division of Public Health five regions, will be engaged to champion the development of position descriptions and performance appraisals that reflect competencies in essential public health services.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate examples of local/state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services.
- Develop model position descriptions and performance appraisals for state and local governmental public health. The Division of Public Health to provide technical assistance in the development of these tools and approaches.
- Conduct an informal evaluation of these position descriptions in order to determine improvements in conceptualization of role and change in current and future practice.

By 2004, three state job classifications in the Division of Public Health will have position descriptions and performance appraisals that reflect competencies in essential public health services.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate examples of state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services.
- Work with the Department of Employee Relations to determine policy barriers and enhancements to this approach.

Medium-term Outcome Objectives (2005-2007)

By 2005, public health competencies by specific disciplines for the non-governmental public health workforce will be identified and published.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Incorporate organizational core competencies for public health professionals within essential public health services framework as outlined by the Council on Linkages Between Academia & Public Health Practice (April 2001).
- Partner with key institutions of higher education and the scientific community to promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.
- Identify and enlist the support of three non-governmental public health system partners to review and pilot test these competencies in their sector.
- Promote collaboration between the Wisconsin Turning Point Initiative, the Wisconsin Public Health Association, and the Public Health Statutes Modernization Wisconsin Collaborative to publish marketing materials concerning the competencies and the essential public health services.

Long-term Outcome Objectives (2008-2010)

By 2008, 50% of positions in state and local health departments will have position descriptions that reflect specific competencies in essential public health services.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Inventory and disseminate examples of local/state governmental public health agency position descriptions and performance appraisals that incorporate competencies in essential public health services. The Division of Public Health will provide technical assistance in the development of position descriptions and performance appraisal tools.
- Apply knowledge gained from work with the Department of Employee Relations to determine policy barriers and enhancements to this approach.

By 2008, Wisconsin's public health statutes and administrative rules will be reviewed and updated to reflect core competencies, qualifications, and scope of practice for the public health workforce.

- Note: this step should dovetail with efforts to update Wisconsin State Statutes and Administrative Rules by the Department of Health and Family Services in collaboration with the Public Health Statutes Modernization Wisconsin Collaborative and the Wisconsin Turning Point Initiative.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Identify additional job classifications within the public health workforce that need to be reflected in statute and administrative rule (e.g., public health educator, public health nutritionist, epidemiologist)
- Work with the Public Health Statutes Modernization Wisconsin Collaborative to engage the necessary disciplines to study the need for updating public health statutes and administrative rules and draft proposed statutory and rule language. Incorporate professional standards in the development of statutory and rule language.
- Establish linkages with Association of State and Territorial Health Officials, National Association of City and County Health Officials, and the Public Health Foundation to monitor and provide input into national efforts on accreditation.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- In-kind support - individual and organization time
- System and format, preferably through the Health Alert Network, to monitor continuing education needs
- Linkages to the Division of Public Health Bioterrorism Grant
- Fiscal support to support the development and maintenance of education programs and activities for the continuing practice of the public health workforce.
- Secretary, Department of Health and Family Services,
- Administrator and State Health Officer and staff, Division of Public Health
- State, local and tribal government.
- WI Association of Local Health Departments and Boards (for the four public health disciplines: health education, nursing, nutrition, and medicine).
- WI Area Health Education Centers

- WI Environmental Health Association
- Professional organizations and members
- Institutions of Higher Education
- Technical Colleges
- WI Primary Health Care Association
- WI Health and Hospital Association
- State and local policy makers and legislators
- Business community
- WI American Indian Tribes and Tribal Health Directors
- Professional organizations and their members
- Public health workforce

Participants/Reach:

See inputs for participants.

Focus Area Two: Information and Education Network

Short-term Outcome Objectives (2002-2004)

By 2003, an Education and Practice Forum will be established to provide leadership and guidance for the current and future public health workforce to assure competency in the public health system workforce.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Review recommendations set forth in the Division of Public Health's 1996 *Public Health Nursing Strategic Plan* as a starting point to determine form, function, and scope of this Forum.
- Identify with the WI Area Health Education Centers which partner is in the best position to provide leadership to develop and sustain this Forum.
- Determine representation on the Forum and scope of responsibilities.

By 2004, all new local and state health department staff will participate in the Division of Public Health's orientation training.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Continue to offer 3 to 4 times per year public health orientation and training in various locations throughout the state in collaboration with the Division of Public Health's Regional Offices.
- Develop a system to track the percentage of new local and state governmental public health workers who participate in the Division of Public Health's two-day orientation training.
- The Division of Public Health will explore the expansion of the current local and state health department orientation program to new public health system audiences in the regions, to include: other governmental, public, private, non-profit and voluntary agencies and institutions.

By 2004, Wisconsin will utilize the Health Alert Network to share a web-based catalog of education programs and activities that support continuing education of the public health system workforce.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and catalog existing educational programs and activities that support the practice of the public health workforce.
- Post to the Health Alert Network.

By 2004, 50% of the institutions of higher education and technical college programs that educate and/or train individuals entering the public health workforce will institute ongoing curriculum review of core competencies in health promotion and disease prevention.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Develop, through the Education and Practice Forum, the creation of an inventory form for Institutions of Higher Education and Technical Colleges.
- Inventory current programs that educate and/or train individuals entering the public health workforce.
- Develop a mechanism for regular dialogue within each Division of Public Health five regions between local health departments, tribes, their public health system partners, and academic institutions that prepare public health staff.

Medium-term Outcome Objectives (2005-2007)

By 2005, Wisconsin will have a computer-based multi-disciplinary public health orientation program for public health workers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Building upon current orientation activities, determine curriculum content and resources for computer-based multi-disciplinary public health orientation program.
- Provide a general directory of public health resources by individual discipline.
- Ensure networking and mentoring opportunities for new public health workers.
- Assure the inclusion of new public health system audiences in the regions to include other governmental, tribal, public, private, non-profit and voluntary agencies and institutions.
- Will utilize the Health Alert Network or another comparable system.

By 2005, Wisconsin will offer a continuing education course series that will address public health core competencies.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Establish minimum competencies and skill areas to be incorporated into the development of the course series.
- Provide degree credit options and continuing education units.
- Address known barriers to continuing education, such as travel, time commitment and cost.
- Explore the feasibility of a public health certification program.

- Inventory existing educational programs and activities that support the practice of the public health workforce.
- Build upon current efforts with academic institutions.
- Utilize evolving technologies.

By 2005, all education and training sponsored and/or provided by the Division of Public Health will be linked to competencies in essential public health services.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Division of Public Health Bureau Directors and Regional Office Directors will be actively engaged in assuring that programmatic training and education are linked to the essential public health services.
- Educational offerings and training provided or supported through federal and state public health dollars, including consolidated contract policies, will be linked to competencies in essential public health services.
- Develop a training plan to be utilized in the development of all educational and training offerings that links learning objectives to core competencies.
- Make available educational and training offerings to all public health partners when feasible.

By 2006, 60% of local health department's continuing education budgets will be linked to the competencies of essential public health services for the services they provide.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Develop, pilot test, and implement a tool to assess how local health departments are currently utilizing their resources for education and training.
- Research other state models that link local governmental public health agencies continuing education budget to competencies of essential public services.
- Division of Public Health to provide technical assistance.

By 2006, Wisconsin will have a system for communicating research-based practice to the public health system workforce.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory existing research-based practice literature that supports health priority objectives.
- Explore various models for communicating research-based practice information.
- Work closely with WI Area Health Education Centers (AHEC) and key partners to develop a system for communicating and accessing research based practice utilizing the Health Alert Network.

By 2006, Wisconsin will have a management and leadership development program for the public health system workforce.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Work closely with the national, regional, and state-based efforts in the expansion and/or establishment of management/leadership program.
- Encourage all continuing education programs and activities to provide continuing education units and degree credit options.
- Promote the program and conduct outreach strategies to assure broad-based participation by the public health system workforce.

By 2006, 25% of institutions of higher education and technical college programs that educate and/or train individuals entering the public health workforce whose basic curriculum for health care providers will include core competencies in health promotion and disease prevention.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Research current state/national curriculums that incorporate core competencies in health promotion and disease prevention into their training.
- Hold forum(s) with academic partners to discuss core competencies in health promotion and disease prevention, purpose, benefits and implementation strategies.
- Promote multi-disciplinary curriculum designs and practice models.
- Encourage student educational placement opportunities in public health settings (primary care/local health departments, community-based organizations).
- Encourage academic practice linkages for research, education and scholarships.

By 2007, 90% of the public health workforce will have access to research based best practices via the Internet.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory public health partners for internet capabilities and competencies.
- Inventory best practice sites available through the Internet.
- Incorporate into the continuing education series skill building regarding accessing research-based practice information via the Health Alert Network.

Long-term Outcome Objective (2008-2010)

By 2008, Wisconsin will have a system for identifying and monitoring the current and emerging continuing education needs of its public health system workforce.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Utilize enumeration data on public health workforce.
- Promote applied research and evaluation to determine the impact of workforce competencies on the capacity to implement effective public health interventions.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- In-kind support - individual and organization time
- System and format, preferably through the Health Alert Network, to monitor continuing education needs
- Linkages to the Division of Public Health Bioterrorism Grant
- Fiscal support to support the development and maintenance of education programs and activities for the continuing practice of the public health workforce
- Secretary, Department of Health and Family Services
- Administrator/State Health Officer and staff in the Division of Public Health
- State, local, and tribal government
- WI Association of Local Health Departments and Boards (for the four public health disciplines: health education, nursing, nutrition, and medicine).
- WI Area Health Education Centers
- WI Environmental Health Association
- Professional organizations and members
- Institutions of Higher Education
- Technical Colleges
- WI Primary Health Care Association
- WI Health and Hospital Association
- State and local policy makers and legislators
- Business community
- Great Lakes Inter-Tribal Council and Health Directors
- Professional organizations and their members
- Public health workforce

Participants/Reach:

See inputs for participants.

Evaluation and Measurement:

Given the far-reaching scope and magnitude of this 10-year, long-term outcome objective, coupled with the plethora of agencies and organizations concerned with workforce development, it is vital to approach evaluation and measurement from a systems-based perspective. It will also be important to approach evaluation from the dual perspective of measuring both process (delivery) and outcome. As a first step, relevant databases currently in play must be identified, studied, and assessed for gaps in data and information. The development of new data elements will then become an important consideration to resolve gaps, project need, and foster synergies through linked databases. It will be important that workforce analysis be included in the design of the proposed electronic data and information system known as “WINPHO” as described in *Healthiest Wisconsin 2010’s* infrastructure priority entitled: Integrated Electronic Data and Information Systems.

Measurement will also need to address the development of uniform tools to measure process, specifically as it pertains to educational offerings to the public health workforce. This includes counting the sheer number of educational offerings, type of content delivered, and target audiences

within the governmental and non-governmental public health system workforce to name a few. As part of this, it will be important to identify useful tools developed in other parts of the nation and invite the consultation and technical assistance of federal and national agencies. Such agencies include but are not limited to: U.S. Centers for Disease Control and Prevention's Public Health Practice Program Office; Public Health Foundation's Council on Linkages Between Academia and Public Health Practice; Association of State and Territorial Health Officials; and the National Association of City and County Health Officials.

Moreover, quality improvement measures must be employed in order to assess progress and barriers encountered as the competencies are built into the public health system workforce. As a result, consistent application of process management techniques by the partners leading this 10-year outcome objective. Process management is data guided and it helps to inform the degree to which public health partners actually transform the conceptualization of public health by the workforce and how practice is improved.

Finally, since it is expected that the performance standards for state and local public health systems will be implemented mid-decade, it will become important that the data gathered from the performance reviews be used to guide workforce development as it pertains to the essential public health services. Moreover, it will be important to develop performance criteria for the two additional essential public health services documented in *Healthiest Wisconsin 2010*.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

System Priorities

Integrated, Electronic Data and Information Systems: The public health workforce needs to have competencies in data collection, analysis and utilization to identify community health needs, plan effective community interventions, and evaluate the impact of actions taken.

Community Health Improvement Processes and Plans: The public health workforce will need to have competencies to develop, implement, and sustain community-wide health improvement processes and plans to maximize the impact of this broad-based community effort in improving the health of the community. Skills in such areas as: data collection, analysis and utilization; community development; group facilitation; and planning and evaluation are critical to supporting improvement processes and plans.

Coordination of State and Local Public Health System Partnerships: Since the public health workforce is broadly defined to include all partners working to meet the essential services, competency development must include all partners. Strong educational/practice partnerships are needed for initial and ongoing education and research to support a competent workforce.

Equitable, Adequate, and Stable Financing: Equitable, adequate, and stable financing is needed for education and competency development of the public health workforce.

Health Priorities

Access to Primary and Preventive Health Services: Access to health services is dependent on many factors including having an adequate workforce which can be determined through enumeration, and having same-culture and/or culturally competent health care professionals.

Sufficient, Competent Workforce - Examples of the transcending influence of a competent workforce:

A competent workforce transcends all health priorities set forth in *Healthiest Wisconsin 2010* to include: Adequate and Appropriate Nutrition; Environmental and Occupational Health Hazards; Existing, Emerging, and Re-emerging Communicable Diseases; High Risk Sexual Behavior; Inappropriate Use and Abuse of Alcohol and Other Substances; Intentional and Unintentional Injuries and Violence and Injuries; Mental Health and Mental Disorders; Overweight, Obesity, Lack of Physical Activity; Social and Economic Factors that Influence Health; Tobacco Use and Exposure.

- A competent workforce is needed to achieve the health priorities. The public health workforce needs to be knowledgeable of best practices and skilled in intervening at a community, systems, family and individual level to impact health priorities.
- Addressing the given health priorities will change the health status of Wisconsin. Impacting an individual and community's health status is an ever-changing practice requiring an ongoing incorporation of current research in health and behavioral sciences. Wisconsin's public health workforce needs to continually assess their competencies to meet the varying health needs of a community. Developing systems for communicating best practices to address health priorities will be crucial in assuring that the public health workforce at all levels have access to the most current research.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

A competent public health system workforce cuts across all of Wisconsin's twelve essential public health services. The work of the public health system is so important that all the partners must ensure competency of the workforce so that resources are used most effectively, respond to community priorities, and benefit the health of the public. The current and future public health system workforce must be educated to ensure that the core public health functions and essential public health services are carried out effectively. This must include a strong focus on promoting and protecting the population, the environment (physical, social, psychosocial, and occupational), the determinants of health, and prevention of human health hazards. Prevention saves lives and saves precious resources. Finally, a competent governmental and public health system workforce is the key to transforming Wisconsin's public health system. This point cannot be overstated. A competent workforce in all agencies and organizations who are linked to the public health vision will assure results that pay off in improved health at both the local and statewide levels.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and Promote Health for All: A workforce that is aligned and delivers contemporary skills and strategies will be better prepared to address current and emerging threats to health faced by individuals, families, and the larger community. This includes acknowledgement and respect of the interdependency and reciprocal interrelationship of the health of people and the health of the community: "contributing to the health of the family enhances and promotes the health of the community, likewise, contributing to the health of the community enhances and promotes the health of the family. This relationship is reciprocal, interdependent, and interwoven." (Schmelzer, 1991). Finally, a workforce that is aligned and delivers contemporary skills and strategies will be able to foster the sustained development of partnerships to create conditions in which people can be healthy.

Eliminate Health Disparities: Knowledge of skills and strategies goes hand in hand with cultural competence. Cultural competence, public policy, and building systemic capacity to impact on the determinants of health are some of the key strategies to eliminate health disparities. Cultural competence can be addressed and achieved in many ways that include but are not limited to the following examples: (1) promotion of environments that benefit all regardless of their language and ethnic or cultural heritage; (2) provide public health programs and services in a manner compatible with cultural health beliefs, practices, and preferred language of the individual, family, or community being served; and (3) institutionalize principles of cultural competence throughout the organization and within partnerships to best address the current and emerging needs of communities. (Carty, 2002).

Transform Wisconsin's Public Health System: A competent governmental and public health system workforce is the key to transforming Wisconsin's public health system. This point cannot be overstated. A competent workforce in all agencies and organizations who are linked to the public health vision will assure results that pay off in improved health at both the local and statewide levels.

Key Interventions and/or Strategies Planned:

- Focus on state and local health departments and the broader public health system workforce in government, the public, private, nonprofit, and voluntary sectors.
- Identify core competencies for the governmental public health workforce by specific discipline (medicine, nursing, health education, nutrition, environmental health specialists).
- Promote the development of joint faculty appointments in state and local health departments.
- State and local health department workforce will have position descriptions reflecting specific competencies in the essential public health services.
- Foster interventions using a "champion" strategy to promote policy and system changes.
- Establish a Education and Practice Forum which would be comprised of representatives from Wisconsin's Institutions of Higher Education, Technical Colleges, and the Division of Public Health to name a few.
- Engage the workforce in the modernization of Wisconsin's public health statutes.
- Orientation programs to new state and local health department staff will pivot on the essential public health services and will be computer based.
- The Division of Public Health will study the possibility of expanding the orientation program to include new audiences from state and local public health systems.
- Utilize the Health Alert Network to share a web-based catalog of education programs and activities that support continuing education of the public health system workforce.
- Institutions of higher education and technical college programs that educate and/or train the public health workforce will institute ongoing review of core competencies in health promotion and disease prevention.
- Offer a continuing education course series that will address public health core competencies.
- All training and education sponsored and or provided by the Division of Public Health will be linked to competencies and the essential public health services.
- Local health departments continuing education budgets will be link to competencies of the essential public health services for the services they provide.
- Develop a system to communicate research-based practice to the public health system workforce.
- Collaborate in the development of a management and leadership development program for the public health system workforce.

- Develop a system to identify and monitor the current and emerging continuing education needs of the public health system workforce.

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